

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

*** PUBLIC DISCLOSURE COPY ***

A For the 2017 calendar year, or tax year beginning and ending	
C Name of organization ENDING SPENDING, INC.	D Employer identification number 27-2189012
E Telephone number 813-254-3369	F Name and address of principal officer: BRIAN BAKER TAMP, FL 33606 City or town, state or province, country, and ZIP or foreign postal code
G Gross receipts \$ 1,000,000	H(a) Is this a group return for subsidiaries? ☒ Yes ☐ No H(b) Are all subsidiaries included? ☐ Yes ☒ No H(c) Group exemption number ☐
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ☐ 4947(a)(1) or 527 J Website: HTTP://ENDINGSPENDING.COM/	
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐ L Year of formation: 2010 M State of legal domicile: VA	
Part I Summary	

1 Briefly describe the organization's mission or most significant activities: ENDING SPENDING PROMOTES PUBLIC POLICIES AND FISCAL DISCIPLINE	
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	3 Number of voting members of the governing body (Part VI, line 1a) 1
4 Number of independent voting members of the governing body (Part VI, line 1b) 1	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 2
6 Total number of volunteers (estimate if necessary) 0	7a Total unrelated business revenue from Part VIII, column (C), line 12 0
7b Net unrelated business taxable income from Form 990-T, line 34 0	8 Contributions and grants (Part VIII, line 1h) 11,125,000
9 Program service revenue (Part VIII, line 2g) 0	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11,125,000
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,568,501	14 Benefits paid to or for members (Part IX, column (A), line 4) 0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 648,213	16a Professional fundraising fees (Part IX, column (A), line 11e) 0
16b Total fundraising expenses (Part IX, column (D), line 25) 0	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-124e) 4,333,999
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25) 7,550,713	19 Revenue less expenses. Subtract line 18 from line 12 <4,426,619
20 Total assets (Part X, line 16) 1,497,192	21 Total liabilities (Part X, line 26) 0
22 Net assets or fund balances. Subtract line 21 from line 20 1,497,192	Part II Signature Block

Signature of officer NANCY H. WATKINS, TREASURER Date 11/9/18	Print/type preparer's name ROBERT I. WATKINS, CPA Preparer's signature Date 11/9/18
Firm's name ROBERT WATKINS & COMPANY, P.A. Firm's address 610 S. BOULEVARD TAMPA, FL 33606	Phone no. 813-254-3369 Firm's EIN 59-2645714
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR CONTINUATION(S)

Form 990 (2017)

4e	Total program service expenses	1,925,769.	(Expenses \$ including grants of \$)	(Revenue \$)
4d	Other program services (Describe in Schedule O.)			
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)		
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)		
4a	(Code:) (Expenses \$ including grants of \$)	1,925,769.	135,000.	(Revenue \$)
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.			
3	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes ☐ No ☒		
2	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes ☐ No ☒		
1	Briefly describe the organization's mission:			
1	Check if Schedule O contains a response or note to any line in this Part III ☒			
1	ENDING SPENDING PROMOTES PUBLIC POLICIES, INCREASES GOVERNMENT TRANSPARENCY AND ACCOUNTABILITY, AND PROMOTES FISCAL DISCIPLINE.			
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes ☐ No ☒		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes ☐ No ☒		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$ including grants of \$)	1,925,769.	135,000.	(Revenue \$)
4a	(Code:) (Expenses \$ including grants of \$)	1,925,769.	135,000.	(Revenue \$)
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)		
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)		
4d	Other program services (Describe in Schedule O.)			
4e	Total program service expenses	1,925,769.	(Expenses \$ including grants of \$)	(Revenue \$)

Form 990 (2017)

1	2	3	4	5	6	7	8	9	10	11	12a	12b	13	14a	14b	15	16	17	18	19
1	X																			
2	X																			
3		X																		
4			X																	
5				X																
6					X															
7						X														
8							X													
9								X												
10									X											
11										X										
a											X									
b												X								
c													X							
d														X						
e															X					
f																X				
12a																	X			
b																		X		
13																			X	
14a																				X
b																				
15																				X
16																				X
17																				X
18																				X
19																				X

Form 990 (2017)

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27? If "Yes," complete Schedule I, Parts I and II	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28a	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Part IV Checklist of Required Schedules (continued)

ENDING SPENDING, INC.

27-2189012

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1a		Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		11	1a	1b	1c	1d	1e	1f	1g	1h	1i	1j	1k	1l	1m	1n	1o	1p	1q	1r	1s	1t	1u	1v	1w	1x	1y	1z	
2a		Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2	2a	2b	2c	2d	2e	2f	2g	2h	2i	2j	2k	2l	2m	2n	2o	2p	2q	2r	2s	2t	2u	2v	2w	2x	2y	2z	
3a		Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	3b	3c	3d	3e	3f	3g	3h	3i	3j	3k	3l	3m	3n	3o	3p	3q	3r	3s	3t	3u	3v	3w	3x	3y	3z	
4a		At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	4b	4c	4d	4e	4f	4g	4h	4i	4j	4k	4l	4m	4n	4o	4p	4q	4r	4s	4t	4u	4v	4w	4x	4y	4z	
5a		Was the organization a party to a prohibited tax shelter transaction at any time during the year?			5a	5b	5c	5d	5e	5f	5g	5h	5i	5j	5k	5l	5m	5n	5o	5p	5q	5r	5s	5t	5u	5v	5w	5x	5y	5z	
6a		Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a	6b	6c	6d	6e	6f	6g	6h	6i	6j	6k	6l	6m	6n	6o	6p	6q	6r	6s	6t	6u	6v	6w	6x	6y	6z	
7		Organizations that may receive deductible contributions under section 170(c).			7a	7b	7c	7d	7e	7f	7g	7h	7i	7j	7k	7l	7m	7n	7o	7p	7q	7r	7s	7t	7u	7v	7w	7x	7y	7z	
8		Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8	8a	8b	8c	8d	8e	8f	8g	8h	8i	8j	8k	8l	8m	8n	8o	8p	8q	8r	8s	8t	8u	8v	8w	8x	8y	8z
9		Sponsoring organizations maintaining donor advised funds.			9a	9b	9c	9d	9e	9f	9g	9h	9i	9j	9k	9l	9m	9n	9o	9p	9q	9r	9s	9t	9u	9v	9w	9x	9y	9z	
10		Section 501(c)(7) organizations. Enter:			10a	10b	10c	10d	10e	10f	10g	10h	10i	10j	10k	10l	10m	10n	10o	10p	10q	10r	10s	10t	10u	10v	10w	10x	10y	10z	
11		Section 501(c)(12) organizations. Enter:			11a	11b	11c	11d	11e	11f	11g	11h	11i	11j	11k	11l	11m	11n	11o	11p	11q	11r	11s	11t	11u	11v	11w	11x	11y	11z	
12a		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	12b	12c	12d	12e	12f	12g	12h	12i	12j	12k	12l	12m	12n	12o	12p	12q	12r	12s	12t	12u	12v	12w	12x	12y	12z	
13		Section 501(c)(29) qualified nonprofit health insurance issuers.			13a	13b	13c	13d	13e	13f	13g	13h	13i	13j	13k	13l	13m	13n	13o	13p	13q	13r	13s	13t	13u	13v	13w	13x	13y	13z	
14a		Did the organization receive any payments for indoor tanning services during the year?			14a	14b	14c	14d	14e	14f	14g	14h	14i	14j	14k	14l	14m	14n	14o	14p	14q	14r	14s	14t	14u	14v	14w	14x	14y	14z	
b		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b	14c	14d	14e	14f	14g	14h	14i	14j	14k	14l	14m	14n	14o	14p	14q	14r	14s	14t	14u	14v	14w	14x	14y	14z		

Check if Schedule O contains a response or note to any line in this Part V

Part V Statements Regarding Other IRS Filings and Tax Compliance

610 S. BOULEVARD, TAMPA, FL 33606

ROBERT WATKINS & COMPANY, P.A. - 813-254-3369

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
 statements available to the public during the tax year.

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

18 Section 5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

NONE

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ▶	NONE
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	
15	Did the organization have a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	
14	Did the organization have a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	
13	Did the organization have a written whistleblower policy?	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	
10a	Did the organization have local chapters, branches, or affiliates?	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	
a	The governing body?	
b	persons other than the governing body?	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	
6	Did the organization have members or stockholders?	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	
1a	Enter the number of voting members of the governing body at the end of the tax year	1
b	Enter the number of voting members included in line 1a, above, who are independent	1

Section A. Governing Body and Management

Check if Schedule O contains a response or note to any line in this Part VI

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization,

more than \$10,000 of reportable compensation from the organization and any related organizations.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of compensation from the organization and related organizations
(1) J. JOE RICKETTS	1.00	X	0.	0.	0.
CHAIRMAN OF THE BOARD	0.10	X	0.	0.	0.
(2) BRIAN C. BAKER	50.00				
PRESIDENT, GENERAL COUNSEL	2.00	X	2,895,921.	0.	36,969.
(3) NANCY H. WATKINS	2.00	X	0.	0.	0.
TREASURER	1.00				

(A) Name and business address	(B) Description of services	(C) Compensation
MENTZER MEDIA SERVICES, INC., 210 W. PENNSYLVANIA AVE, STE 250, TOWSON, MD	MEDIA EXPENSE/PLACEMENT	1,056,000.
DDC ADVOCACY, LLC DBA DDC PUBLIC AFFAIRS, 805 15TH STREET NW, SUITE 300, WASHINGTON, MAIL/TELEMARKETING	DIRECT	106,327.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 2		

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X
			Yes	No

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	1
---	---	---

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director			
		Institutional trustee			
		Officer			
		Key employee			
		Highest compensated employee			
		Former			
			2,895,921.	0.	36,969.
			0.	0.	0.
			2,895,921.	0.	36,969.

Part VIII Statement of Revenue		Check if Schedule O contains a response or note to any line in this Part VIII	
1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 1,000,000. h Total. Add lines 1a-1f 1,000,000.		(A) Total revenue 1,000,000.	(B) Related or exempt function revenue
2 a Business Code b c d e f All other program service revenue		(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other b Less: cost or other basis c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a Business Code b c d All other revenue e Total. Add lines 11a-11d 1,000,000. 12 Total revenue. See instructions. 1,000,000.		Other Revenue	Program Service Revenue

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	135,000.	135,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,895,921.		2,895,921.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	61,505.		61,505.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,721.		19,721.	
9	Other employee benefits	24,735.		24,735.	
10	Payroll taxes	55,071.		55,071.	
11	Fees for services (non-employees)				
a	Management	20,418.	13,011.	7,407.	
b	Legal				
c	Accounting	34,452.		34,452.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 1g amount exceeds 10% of line 25, column (A) amount, list line 1g expenses on Sch O.)	142,375.	40,000.	102,375.	
12	Advertising and promotion	75,612.	75,612.		
13	Office expenses	6,942.		6,942.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	71,609.		71,609.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	100,067.	52,390.	47,677.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	168,213.		168,213.	
23	Insurance	207.		207.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	MEDIA EXPENSE, PRODUCT	1,094,375.	1,094,375.		
b	MEMBERSHIP FEES-LOGISTI	350,000.	350,000.		
c	DIRECT MAIL/TELEMARKETI	106,327.	106,327.		
d	POLLING	41,354.	41,354.		
e	All other expenses	22,715.	17,700.	5,015.	
25	Total functional expenses. Add lines 1 through 24e	5,426,619.	1,925,769.	3,500,850.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2017)

Check if Schedule O contains a response or note to any line in this Part X		(A) Beginning of year	(B) End of year
1	Cash - non-interest-bearing	4,880,589.	622,182.
2	Savings and temporary cash investments		
3	Pledges and grants receivable, net		
4	Accounts receivable, net		
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instr. Complete Part II of Sch L		
7	Notes and loans receivable, net		
8	Inventories for sale or use		
9	Prepaid expenses and deferred charges		
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		
	10a		
	10b		
b	Less: accumulated depreciation		
11	Investments - publicly traded securities		
12	Investments - other securities. See Part IV, line 11		
13	Investments - program-related. See Part IV, line 11		
14	Intangible assets	1,043,222.	875,010.
15	Other assets. See Part IV, line 11		
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,923,811.	1,497,192.
17	Accounts payable and accrued expenses		
18	Grants payable		
19	Deferred revenue		
20	Tax-exempt bond liabilities		
21	Escrow or custodial account liability. Complete Part IV of Schedule D		
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
23	Secured mortgages and notes payable to unrelated third parties		
24	Unsecured notes and loans payable to unrelated third parties		
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		
26	Total liabilities. Add lines 17 through 25	0.	0.
27	Unrestricted net assets		
28	Temporarily restricted net assets		
29	Permanently restricted net assets		
	Organizations that follow SFAS 117 (ASC 958), check here ☐ and ☒ Organizations that do not follow SFAS 117 (ASC 958), check here ☒		
30	Capital stock or trust principal, or current funds	0.	0.
31	Paid-in or capital surplus, or land, building, or equipment fund	0.	0.
32	Retained earnings, endowment, accumulated income, or other funds	5,923,811.	1,497,192.
33	Total net assets or fund balances	5,923,811.	1,497,192.
34	Total liabilities and net assets/fund balances	5,923,811.	1,497,192.

Part X Balance Sheet

ENDING SPENDING, INC.

Form 990 (2017)

1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other		2a Were the organization's financial statements compiled or reviewed by an independent accountant? ☐	2b Were the organization's financial statements audited by an independent accountant? ☐	2c If the organization changed either its oversight process or selection of an independent accountant? ☐	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? ☐	3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Check if Schedule O contains a response or note to any line in this Part XII ☐						

Part XII Financial Statements and Reporting

1	Total revenue (must equal Part VIII, column (A), line 12)	1,000,000.
2	Total expenses (must equal Part IX, column (A), line 25)	5,426,619.
3	Revenue less expenses. Subtract line 2 from line 1	<4,426,619.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5,923,811.
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	1,497,192.

Check if Schedule O contains a response or note to any line in this Part XI ☐

Part XI Reconciliation of Net Assets

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Special Rules

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

General Rule

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. Check if your organization is covered by the General Rule or a Special Rule.

Form 990 or 990-EZ	☒ 501(c)(4) (enter number) organization
Form 990-PF	☐ 527 political organization
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Filters of: Section:

Organization type (check one):

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		Schedule of Contributors Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047		Name of the organization ENDING SPENDING, INC.		Employer identification number 27-2189012	
2017							

Name of organization

ENDING SPENDING, INC.

Employer identification number

27-2189012

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

1	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution (Complete Part II for noncash contributions.) Person ☒ Payroll ☐ Noncash ☐
			\$ 250,000.	
2	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution (Complete Part II for noncash contributions.) Person ☒ Payroll ☐ Noncash ☐
			\$ 250,000.	
3	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution (Complete Part II for noncash contributions.) Person ☒ Payroll ☐ Noncash ☐
			\$ 500,000.	
	(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution (Complete Part II for noncash contributions.) Person ☐ Payroll ☐ Noncash ☐
			\$	

Employer identification number

27-2189012

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

Employer identification number

ENDING SPENDING, INC.

27-2189012

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once)

Use duplicate copies of Part III if additional space is needed.

[illegible]

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

ENDING SPENDING, INC.

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$ 1,299,167.
3 Volunteer hours for political campaign activities 0.

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes ☐ No ☐

4a Was a correction made? Yes ☐ No ☐

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 1,299,167.
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 0.
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 1,299,167.
4 Did the filing organization file Form 1120-POL for this year? Yes ☐ No ☒

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	
(a) Filing organization's totals	(b) Affiliated group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	
c Total lobbying expenditures (add lines 1a and 1b)	
d Other exempt purpose expenditures	
e Total exempt purpose expenditures (add lines 1c and 1d)	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)	
h Subtract line 1g from line 1a. If zero or less, enter -0-	
i Subtract line 1f from line 1c. If zero or less, enter -0-	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	Yes ☐ No ☐

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)	(b)
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	Amount
a Volunteers?		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		
c Media advertisements?		
d Mailings to members, legislators, or the public?		
e Publications, or published or broadcast statements?		
f Grants to other organizations for lobbying purposes?		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
i Other activities?		
j Total. Add lines 1c through 1i		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		
b If "Yes," enter the amount of any tax incurred under section 4912		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

1 Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

	1	2a	2b	2c	3	4	5
1 Dues, assessments and similar amounts from members							
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).							
a Current year							
b Carryover from last year							
c Total							
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues							
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?							
5 Taxable amount of lobbying and political expenditures (see instructions)							

Part IV Supplemental information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART I-A, LINE 1:

ENDING SPENDING'S PRIMARY PURPOSE IN 2017 CONTINUED TO BE ON ITS

NON-PARTISAN EDUCATIONAL AND ADVOCACY WORK FOCUSED ON THE DANGERS OF

THE NATION'S DEBT, ENDING SPENDING UNDERTOOK LIMITED INDIRECT AND

DIRECT POLITICAL ACTIVITY IN 2017, INCLUDING: (1) SPONSORING VOTER

EDUCATIONAL MESSAGES OF BOTH A POLICY AND POLITICAL NATURE (2)

SPONSORING INDEPENDENT EXPENDITURES IN SUPPORT OF, OR OPPOSITION TO,

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2017
Open to Public
Inspection

Name of the organization

ENDING SPENDING, INC.

Employer identification number
27-2189012

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN POLICY COALITION P.O. BOX 75650 WASHINGTON, DC 20013	45-3213088	501(C)(4)	25,000.	0.			GENERAL SUPPORT
INSTITUTE OF THE STUDY OF WAR 1400 16TH STREET NW, SUITE 515 WASHINGTON, DC 20036	26-0273675	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NATIONAL RIFLE ASSOCIATION INSTITUTE FOR LEGISLATIVE ACTION - 11250 WAPLES MILL ROAD - FAIRFAX, VA 22030	53-0116130	501(C)(4)	50,000.	0.			GENERAL SUPPORT
REPUBLICAN ATTORNEYS GENERAL ASSOCIATION - 1747 PENNSYLVANIA AVE NW, SUITE 800 - WASHINGTON, DC 20006	46-4501717	527	25,000.	0.			GENERAL SUPPORT
REPUBLICAN JEWISH COALITION 50 F STREET NW, SUITE 100 WASHINGTON, DC 20001	52-1386172	501(C)(4)	25,000.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **1.**

3 Enter total number of other organizations listed in the line 1 table **4.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

Department of the Treasury
Internal Revenue Service

Name of the organization

ENDING SPENDING, INC.

Part I Questions Regarding Compensation

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

Employer identification number

27-2189012

- 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- ☐ First-class or charter travel
 - ☐ Travel for companions
 - ☐ Tax indemnification and gross-up payments
 - ☐ Discretionary spending account
 - ☐ Housing allowance or residence for personal use
 - ☐ Payments for business use of personal residence
 - ☐ Health or social club dues or initiation fees
 - ☐ Personal services (such as, maid, chauffeur, chef)

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

- 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- ☐ Compensation committee
 - ☐ Independent compensation consultant
 - ☒ Form 990 of other organizations
 - ☐ Written employment contract
 - ☐ Compensation survey or study
 - ☒ Approval by the board or compensation committee

- 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

- 5 Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
- b Any related organization?

- 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
- b Any related organization?

- 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

- 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

- 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Part III	Supplemental Information
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

THESE DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, SECTION C, LINE 19:

THEN DOCUMENTED IN THE RESPECTIVE EMPLOYMENT AGREEMENTS.

NEGOTIATED AT ARM'S LENGTH. THE AGREED UPON COMPENSATION ARRANGEMENTS WERE

DIRECTORS. THE COMPENSATION WAS DETERMINED USING COMPARABILITY DATA AND WAS

REVIEWED AND APPROVED BY THE INDEPENDENT, NON-INTERESTED BOARD OF

COMPENSATION PAID TO OFFICERS/KEY EMPLOYEES OF THE ORGANIZATION WAS

FORM 990, PART VI, SECTION B, LINE 15:

BRING IN OUTSIDE EXPERTS TO ACT IN AN ADVISORY CAPACITY.

THE ORGANIZATION CONDUCTS PERIODIC REVIEWS TO ENSURE COMPLIANCE AND CAN

FORM 990, PART VI, SECTION B, LINE 12C:

NO SUCH REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, SECTION B, LINE 11B:

ORGANIZATION'S GOALS.

MEDIA, AND WORKED TO ORGANIZE THE GRASSROOTS TO ACHIEVE THE

ENDING SPENDING ALSO USED MASS MEDIA ADVERTISEMENTS, SOUGHT EARNED

SHOWING HOW MEMBERS OF CONGRESS VOTED ON VARIOUS SPENDING PROVISIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ENDING SPENDING, INC.

Name of the organization

Department of the Treasury
Internal Revenue Service

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

Employer identification number
27-2189012

Open to Public
Inspection

2017

OMB No. 1545-0047

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)						X
(2)						X
(3)						X
(4)						X
(5)						X
(6)						X

Supplemental information for responses to questions on Schedule R. See instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or	Enter filer's identifying number
File by the due date for filing your return. See instructions.	ENDING SPENDING, INC.	27-2189012	
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)	
	610 S. BOULEVARD		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	TAMPA, FL 33606		

Enter the Return Code for the return that this application is for (file a separate application for each return)	01		
Application	Return	Code	Is For
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of **ROBERT WATKINS & COMPANY, P.A.**
610 S. BOULEVARD - TAMPA, FL 33606
Telephone No. **813-254-3369** Fax No. **813-253-3280**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐
- If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

2	☒ calendar year 2017 or ☐ tax year beginning _____ , and ending _____			
	If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return			
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2017)